



STATE OF NEW JERSEY

**FINAL ADMINISTRATIVE ACTION
OF THE
CIVIL SERVICE COMMISSION**

In the Matter of Lauren Giallella,
Department of the Treasury

Classification Appeal

CSC Docket No. 2018-1158

ISSUED: SEPTEMBER 5, 2018 (ABR)

Lauren Giallella appeals the determination of the Division of Agency Services (Agency Services) that her position with the Department of the Treasury (Treasury) is properly classified as a Claims Investigator 1. The appellant seeks a Claims Investigator 2 classification in the proceeding.

The record in the present matter establishes that at the time of her request for a reclassification of her position, the appellant was permanent in the title of Claims Investigator 1. In May 2017, the appellant requested a classification review of her position located in the Treasury, Division of Risk Management. In support of her request, the appellant submitted a Position Classification Questionnaire (PCQ) detailing the different duties she performed. In her PCQ, the appellant stated, in relevant part, that 45 percent of her duties were out-of-title, including spending: 10 percent of her time on occupational claims that were “more complex and in depth than traumatic injury claims” and required a significant amount of investigation and research in order to determine compensability; 10 percent of her time preparing evidence and information needed to assist the Department of Law and Public Safety, Division of Law (Division of Law) in workers’ compensation litigation, such as claim petitions, applications for review and interrogatories; 10 percent of her time attending Workers’ Compensation Court to discuss settlement negotiations within authorized thresholds on the assigned Deputy Attorney General’s behalf and to assist Deputy Attorney Generals with the exchange of medical records and independent evaluations; and 15 percent of her time attending and conducting field meetings with agencies, offices and professionals in her assigned region, providing

information on claims protocol/procedure, and arranging surveillance of claimants to verify validity of their claims.

Agency Services reviewed all documentation provided by the appellant including her PCQ. Agency Services found that the appellant's primary duties and responsibilities entailed determining compensability of all workers' compensation claims within seven days of receipt; transferring accepted workers' compensation claims to the appropriate authority for medical case management; overseeing medical case management for all files in assigned territory and authorizing any medical treatment; processing temporary compensation payments of all pending requests and maintaining log verification of future extension of compensable claims; attending and conducting field meetings independently; arranging surveillance of the claimant in order to determine the validity of the claim and/or address allegations of fraud; organizing litigated files by preparing all evidence needed to assist the Division of Law in legal proceedings; processing claim petitions, applications for review, demands for medical, and interrogatories; conducting field investigations and interviews. Based on its review of the information provided, Agency Services concluded that the appellant's position was properly classified as a Claims Investigator 1. It noted that the appellant's PCQ stated that increased complexity was associated with occupational claims. However, Agency Services found that while the appellant may have received a small number of cases with a level of complexity that was consistent with the title of Claims Investigator 2, the majority of her assigned responsibilities were consistent with the duties of incumbents in the title of Claims Investigator 1.

On appeal to the Civil Service Commission (Commission), the appellant argues that her duties at the time of her PCQ supported a Claims Investigator 2 classification. She maintains that Agency Services' conclusion that she should be classified as a Claims Investigator 1 was incorrect because it wrongfully found that only a small portion of the occupational claims assigned to her were at the level of complexity required for a Claims Investigator 2 classification. The appellant states that a large proportion of the claims she has been handling are traumatic claims. She maintains that the traumatic claims that she works on are as complex as occupational claims because they require her to regularly consult with managed care providers on issues related to employees' medical treatment and direct care. For example, she notes that one of her cases involved an employee who was stabbed multiple times by a client. She submits that that case required her to obtain all pertinent medical documentation and to authorize and coordinate essential care with various treating physicians, including a psychiatrist, neurologist and an orthopedist. Additionally, she proffers that another complex case she manages involved an employee with a pre-existing congenital disorder who fell at work. She emphasizes that she is required to have full knowledge of that employee's current treatment regimen in order to distinguish between what relates to the work accident and what is related to the pre-existing condition.

The appellant's supervisor and the Chief, Bureau of Risk Management, Treasury submit a joint letter in support of the instant appeal. They contend, in relevant part, that the appropriate classification for the appellant's position is Claims Investigator 2 because "[h]er case load consists of the more complex/sensitive claims, she works her claims with little or no direction/guidance" and she provides guidance to her co-workers when supervisors are not present in the office. They maintain that Agency Services failed to recognize that the traumatic claims the appellant handles are as complex as occupational claims. Specifically, they state, in relevant part, that the appellant works with a large number of complex cases because her assigned territory includes correctional institutions. Additionally, they indicate that these cases are complex because they involve employees with severe injuries, psychological claims and/or pre-existing conditions, and they detail examples of specific cases that the appellant has worked on.

CONCLUSION

N.J.A.C. 4A:3-3.9(e) states that in classification appeals, the appellant shall provide copies of all materials submitted, the determination received from the lower level, statements as to which portions of the determination are being disputed, and the basis for appeal. Information and/or argument which was not presented at the prior level of appeal shall not be considered.

The definition section for the job specification for Claims Investigator 1 states:

Under the close supervision of a Claims Investigator 3, Claims Investigator 4, or other supervisory official in a State department or agency, conducts investigations of claims arising from State employee employment-related injuries and disease; accidents resulting in damage to State owned property; and/or third party claims for bodily injury and/or property damage arising from the use or operation of State owned properties and/or the activities of State employees; or assigned to an office location, investigates, evaluates and processes claims arising out of workers compensation, negligence, tort and/or claims for ownership of abandoned real and personal property accrued to the State, other claims involving State employees and/or State owned property; as well as other types of negligence or tort claims made against the State; does related work as required.

The definition section for the job specification for Claims Investigator 2 states:

Under the limited supervision of a Claims Investigator 3, Claims Investigator 4, or other supervisory official in a State or local government department or agency, conducts the more complex and/or sensitive investigations and evaluations; recommends settlements or payment of claims arising out of workers compensation, negligence, tort and/or claims for ownership of abandoned real and personal property accrued to the State, other claims involving State/local employees and/or State/local owned property, as well as other types of negligence or tort claims made against the State; may provide guidance and instruction to investigative and other staff involved in the work of the unit; does other related duties.

In the instant matter, the appellant disputes Agency Services' characterization of the complexity of the duties she performs. Namely, she contends that the traumatic claims assigned to her are complex and are consistent with a Claims Investigator 2 classification. A thorough review of the information presented in the record establishes that the appellant's position at the time of the audit was properly classified as a Claims Investigator 1 and she has not presented a sufficient basis to establish that her position was improperly classified. It is long-standing policy that upon review of a request for position classification, when it is found that the majority of an incumbent's duties and responsibilities correspond to the examples of work found in a particular job specification, that title is deemed the appropriate title for the position. Also, it is not uncommon for an employee to perform some duties which are above or below the level of work normally performed. In this matter, the appellant has failed to establish that the majority of her duties are consistent with a Claims Investigator 2 classification. In this regard, the Commission notes that the appellant indicated in her PCQ that 45 percent of her duties were out-of-title for a Claims Investigator 1, including 10 percent which were occupational claims that were "more complex and in depth than [the] traumatic injury claims" that were also assigned to her. Conversely, on appeal, the appellant maintains that the traumatic claims that she was assigned as the time of her PCQ were as complex as occupational claims because they required her to regularly consult with managed care providers on issues related to the employees' medical treatment and direct care and both her supervisor and the Chief, Bureau of Risk Management support her contentions. However, while the appellant's supervisor and the Chief, Bureau of Risk Management maintain that the appellant's caseload "consist[ed] of the more complex/sensitive claims," neither they nor the appellant indicate what portion of her assigned cases were relatively more "complex" or "sensitive." Furthermore, a number of the duties the appellant cited as "out-of-title" in her PCQ are consistent with a Claims Investigator 1 classification, including arranging surveillance in connection with workers' compensation claim investigations; attending court hearings; and attending informal meetings and conferences with agencies, offices and professionals in her

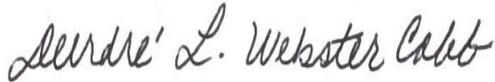
assigned region. As such, the appellant's primary functions were consistent with the Claims Investigator 1 title at the time of her classification review.

ORDER

Therefore, it is ordered that this appeal be denied, and the position of Lauren Giallella was properly classified as a Claims Investigator 1 at the time of her classification review.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 5TH DAY OF SEPTEMBER, 2018



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